

UNITED STATES DISTRICT COURT
for the
Northern District of California

U.S. RIGHT TO KNOW)

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)

)

Plaintiff(s))

v.)

NATIONAL INSTITUTES OF HEALTH)

)

)

)

Defendant(s))

Civil Action No. 4:250-cv-4490-DMR

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*) National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

RICHARD A. BRODY (California State Bar No. 100379)
GREENFIRE LAW, PC

P.O. Box 8055
Berkeley, CA 94707

NOTE: DEFENDANT'S ANSWER IS DUE 30 DAYS FROM RECEIPT OF THIS
SUMMONS, 5 U.S.C. § 552(a)(4)(C).

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint.
You also must file your answer or motion with the court.

Date: 05/30/2025



MARK B. BUSBY
CLERK OF COURT

Sheila Rash
Signature of Clerk or Deputy Clerk

Civil Action No. 4:25-cv-4490-DVR

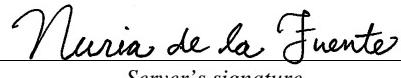
PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (*name of individual and title, if any*) National Institutes of Health
 was received by me on (*date*) 06/09/2025.

- I personally served the summons on the individual at (*place*) _____
 _____ on (*date*) _____ ; or
- I left the summons at the individual's residence or usual place of abode with (*name*) _____
 _____, a person of suitable age and discretion who resides there,
 on (*date*) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (*name of individual*) _____, who is
 designated by law to accept service of process on behalf of (*name of organization*) _____
 _____ on (*date*) _____ ; or
- I returned the summons unexecuted because _____ ; or
- Other (*specify*): On June 9, 2025, I caused copies of the Summons, Complaint, Civil Cover Sheet, Judicial Assignment, Order Setting Initial CMC, ECF Reg. Info, Judge Ryu's Standing Order, All Judges Standing Order, Not. of Magistrate Assignment, Not. of Lawsuit & Waiver of Service of Summons due to be served via certified mail which was delivered on June 13, 2025.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 06/27/2025


Server's signature

Nuria de la Fuente
Printed name and title

 Greenfire Law, PC
 2748 Adeline Street, Suite A
 Berkeley, CA 94703
Server's address

Additional information regarding attempted service, etc:

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- Return Receipt (electronic) \$
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$

Postage \$3.71

\$

Total Postage and Fees
\$12.00

\$

Sent To

National Institutes of Health

Street and Apt. No., or P.O. Box No.

9000 Rockville Pike

City, State, ZIP+4®

Bethesda, Maryland 20892



Postmark

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- for an electronic return receipt, see a retail associate for assistance. To receive a duplicate return receipt for no additional fee, present this USPS®-postmarked Certified Mail receipt to the retail associate.
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- Adult signature service, which requires the signee to be at least 21 years of age (not available at retail).
- Adult signature restricted delivery service, which requires the signee to be at least 21 years of age and provides delivery to the addressee specified by name, or to the addressee's authorized agent (not available at retail).
- To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office™ for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

National Institutes of
Health
4000 Rockville Pike
Bethesda, Maryland 20892



9590 9402 8940 4064 8817 83

2. Article Number (Transfer from service label)

9589 0710 5270 0968 2839 48

A. Signature

X CJ Ca

Agent

Addressee

B. Received by (Printed Name)

6-13-25

C. Date of Delivery

6-13-25

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

Package was forwarded
to: General Law Division
200 Independence Ave. S.W.
Wash., D.C. 20201

3. Service Type

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| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation |
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Richard A. Brody
Greenfire Law, PC
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2025-00797

